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URBAN DISTRICT COUNCIL OF NEWTON-LE-WILLOWS



ANNUAL REPORT

of the

Public Health Department

for the Year ended

31st December, 1960

NEWTON-LE-WILLOWS URBAN DISTRICT COUNCIL

Chairman of the Council:
COUNCILLOR J. V. CARR

Vice-Chairman:
COUNCILLOR C. L. TYRER

Clerk and Chief Financial Officer:
J. ROBERTS, A.R.V.A.

Health Committee:

Chairman
COUNCILLOR L. KENT (to April)
COUNCILLOR F. HOUGHTON (from May)

Vice-Chairman:
COUNCILLOR C. L. TYRER

Members:

Councillor MRS. E. CROUCHLEY
„ E. J. GILLESPIE
„ L. J. ROBERTS
„ C. S. JONES
„ E. J. THOMPSON
„ H. T. CONROY

PUBLIC HEALTH DEPARTMENT

Staff:

Medical Officer of Health:

A. C. CRAWFORD, T.D., M.B., Ch.B., D.P.H., D.T.M.

Chief Public Health Inspector:

* L. M. BOOTH, M.R.S.H., M.A.P.H.I., Cert.S.I.B.

Additional Public Health Inspector:

* J. ROBINSON, Cert. S.I.B. M.A.P.H.I.

* B. A. TAYLOR, Cert. P.H.I.E.B., M.A.P.H.I. (From June)

Clerk:

MRS. B. M. LIGHTFOOT

Pupil Public Health Inspector:

M. D. TICKLE (to November)

* Qualified Meat and Other Foods Inspector (R.S.H.)

NEWTON-LE-WILLOWS U.D.C.
ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
1960

PREFACE

MR. CHAIRMAN, MADAM AND GENTLEMEN,

I submit for your consideration and approval my Annual Report, as your Medical Officer of Health, for the year 1960. The Report follows closely the lines of my previous Annual reports, and includes, in addition to the vital statistics and other matters bearing on the environmental hygiene of the Urban District, details of those functions and services of a more personal character, for which the County Council, as the "Social Health Authority" are responsible under the provisions of Part III of the National Health Service Act of 1946, and which are given effect in accordance with the County Councils' "Scheme of Divisional Administration, 1946." This practice has been followed, as in past years, because of my conviction that in considering the health of our area, and of the population of that area, it would be illogical and unrealistic to report on the one without reporting on the other, despite the division of administration and statutory responsibility. This view has I feel been indicated by the decision of Parliament to accept the principle of the delegation of health and welfare functions, to the Councils of districts of appropriate size, as provided for by the Local Government Act of 1959.

Dealing first with vital statistics, there has been no appreciable change in the population figure, estimated by the Registrar General at 22,050 as at mid-year, compared with the computed figure of 21,990 in 1959, and the actual census figure of 21,862 in 1951. The April census of 1961 shows the **actual** population at that date as 21,761, 101 fewer than the **actual** count of 1951. There has thus been neither growth nor recession over the last 10 years.

Live births during the year, 354 in number, just 5 more than in 1959, give a "crude birth-rate" of 16.1 per 1,000 population, and an "adjusted" rate of 15.7/1000. Of these births, 13 were classed as illegitimate, giving an illegitimacy rate of 3.7% almost double the rate last year, and certainly higher than one could wish. The total live births assignable exceeded the number of deaths — the "natural increase" — by 114, a lower figure than in 1959 (123).

The number of stillborn babies was 10, 2 more than last year, and the still-birth rate 27.5 per 1000 total births, or 5.1/1000 greater than a year ago. Infant deaths, of children during the first year of life, totalled 11, as compared

with 8 in 1959, giving an infant mortality of 32.2 per 1000 live births. Of these infant deaths, 8 (of the 11) died during the first 4 weeks of life, a neo-natal mortality rate of 22.6/1000 total births: and of these 8, 6 babies died during the first week of their existence. These were accounted for by congenital malformations.

Reference was made in last years report to the index now known as the "peri-natal mortality rate," which combines the number of still-born children with the number of those dying during the first week of life, expressed as a rate per 1000 **total** births. The basis for the use of this assessment is that the causes which operate to the detriment of the viable child in uteri and thus result in still-birth, are also those which result in death during the first days or week of the babies separate existence, if live born: and it thus becomes logical to combine the still birth and early neo-natal deaths which in general result of the same, or very similar, maternal causes. The peri-natal rate for 1960 is 44/1000 total births, rather higher than in 1959 (42), and higher than over the Country generally: but none of these indices as low as during 1958. Even so, one cannot fail to feel dis-satisfied, having regard to the general fall in these indices throughout the Country generally, and the very adequate ante-natal and infant welfare facilities provided in the Urban District by a competent medical, midwifery and health-visiting staff, engaged continuously in maintaining supervision of and helpful advice to expectant mothers. Clearly the hard core of peri-natal mortality and its causation has yet to be broken, by research, by education, by better nutrition and housing, and possibly by the more generous provision of hospital beds and staff for maternity cases, enabling earlier admission and a longer lying-in period, now accepted as only ten days. In my humble opinion and long experience, this is insufficient: it is also my view that in many instances mothers-to-be do not take enough care of themselves, and do not have sufficient rest, or indeed the opportunity to obtain it, during their pregnancies, especially in the later stages. This I suggest may well be one of the factors, and an important one, which leads to the lower rates of peri-natal and neo-natal mortality in the "higher" social classes — the mothers in better economic circumstances and thus better housing conditions, usually with smaller families and with greater opportunities for leisure.

Despite the somewhat disappointing figures for neo-natal and peri-natal mortality, no mothers have been lost as the result of pregnancy or childbirth, and the maternal mortality rate remains at "Nil" for the fourth successive year.

The total deaths registered and allocated to the Urban District was 240, an increase of 14 over last years' total, giving a "crude" death rate of 10.9/1000 population, 0.3/1000 higher than in 1959 and 0.5/1000 higher than the quinquennial mean for the five previous years. This increase is small, and in my view of no significance: such an increase may be expected as the result of the higher proportion of aged persons in the total population. The rate is less than the current years rate of 11.5/1000 for England and Wales as a whole. Analysis of the causes of death reveals the usual group frequency distribution:

diseases of the heart and circulation including cerebro vascular disease, or "strokes", resulted in 133 deaths with little to choose between the sexes, and constituted 55% of the total mortality: cancer, in second place, was responsible for 43 deaths, again with little difference between the sex incidence, included in which were 13 deaths from lung cancer, of which 11 were males, 5 of stomach cancer, predominantly in males — a 4/1 ratio — and 4 of cancer of the breast or womb, with 21 deaths caused by cancer in other sites.

Malignant disease is thus the cause of 18%, or roughly 1 in 6 of all deaths. Deaths from violence in one form or another totalled 20, 4 more than in 1959, of which 10 were due to accidents not associated with motor vehicles, 5 to accidents involving motor vehicles, and 5 to suicide, four males and one female. "Unnatural deaths" were thus 8% or 1 in every 12 deaths, many of which should have been preventable. Bronchitis, influenza, pneumonia and other diseases of the respiratory system, excluding respiratory tuberculosis, caused 15 deaths, some 6% of the total death roll, and other "defined and ill-defined diseases," 14 deaths, also approximately 6%.

With a total of 390 notifications received the year was a moderately light one in this respect, comparing favourably with figures of 461 in 1959 and a quinquennial mean figure of 474. Measles contributed the greater number, 282, followed by scarlet fever (55), pneumonia (35) tuberculosis (9), and erysipelas (3). Reference to the table later in the text shows that virtually all the measles occurred in children under the age of 10 years, and the great majority, 174, in those under the age of 5 years — the pre-school group. Such is the customary age distribution in this disease. The 55 cases of scarlet fever constitute the highest incidence since 1957, but are not nearly so great as in the years 1955 and 1956, when the incidence was more than twice as great. Fortunately the disease has remained mild in type, having no serious complications and causing no deaths: but its continued high incidence in the district, by comparison with other areas, and with the country as a whole is certainly puzzling — a rate of 2.49 per 1000 population as compared with a rate of 0.70 per 1000 for England and Wales. In this disease, those mainly affected were of school age, 35 of the 55 cases being in the 5-9 year old group. It must be admitted that the disease has now lost its terror both for parents and children, as the result of its lessened virulence during the last two decades, and in a number of known instances parents have not bothered to secure effective isolation of the patient in the home. Once a killer, the present day benign type has come to be regarded as merely a sore throat with a rash, and more of a nuisance than an illness. Of the 35 notified cases of primary pneumonia, which resulted in 3 deaths, no fewer than 12, or more than one third of the total, occurred during the first year of life, and 15, over the age of 45 years. One may perhaps be forgiven for being just a little sceptical, and expressing private doubts as to whether **all** the cases notified have in fact been cases of **primary** pneumonia, in view of the frequency with which broncho pneumonia occurs in young infants and in older persons. The 5 cases of whooping cough notified, 4 of which were in children, give rise to the hope that the use of a triple antigen which includes whooping cough vaccine may now be bearing fruit: the mean number of cases per year for the quinquen-

nium '56-'60 has been 35, little more than a third of the mean number for the previous quinquennium '51-'55, which was 93.

No cases were notified of the diseases commonly spread through the medium of the excreta of cases or carriers — no typhoid or enteric group fevers, no dysentery, no food-poisoning, and no poliomyelitis or encephalitis. There was, however, 1 case of puerperal pyrexia and 1 of meningococcal infection in a child of 4 years, but none of ophthalmia neonatorum. As regards pulmonary (respiratory) tuberculosis, there were 8 notifications, 6 of which related to persons over the age of 45 years: and there was 1 death from this disease in contrast to the 13 deaths caused by lung cancer.

Statistics relating to the Part III personal health services are recorded later in the text, and it is not proposed to give any detailed analysis in this preface. Reference to the data shows that there has been little change during the year in the use made by the public of these services, in some sections of which there has been some recession, as in the ambulance and child welfare services, whilst in others as in the home help provided, there has been some expansion. The numbers of children immunised against diphtheria, whooping cough and tetanus have remained virtually static, but in the case of poliomyelitis vaccination, the numbers of children of pre-school and school age who have received this protection, and also the number of young adults have fallen far short of the comparable figures for 1957, 1958 and 1959. Although this is due in some measure to the extension of the age eligibility from 25 to 40 years, and the greater number of third or "booster" injections given, a more energetic campaign will be required in the schools.

The continued demolition and clearance of unfit dwellings, the construction of further homes to replace these, and meet more general need, implementation of the plans for securing smokeless areas, and eventually "clean air," and the modernisation or replacement of some of the older schools in the district form its principal needs from the environmental health aspect. Progress made towards the completion of the Sankey Valley Sewerage scheme and its connections has now reached the stage where its benefits are becoming apparent in the improved standards of cleanliness of the streams and watercourses in this and neighbouring districts.

In concluding this Annual Report for 1960, which it now appears will be the last I shall be presenting to you as your Medical Officer of Health, I would like to express to you, Mr. Chairman, to the present members of the Health Committee, and indeed to the Chairman of the Council and all Councillors, my appreciation of the help and support which I have been accorded during my term of office, and not least, for the trust you have reposed in me. Likewise, I would thank the Clerk and Chief Financial Officer, Mr. J. Roberts, his predecessors in office, Mr. Shields and Mr. Brown, for their advice and assistance during our association and also my colleagues, the Chief Officers of other departments of the Council. In regard to my own Department, I can only say how very grateful I am, and have

always been, for the advice, co-operation and loyalty of Mr. L. Booth, Chief Public Health Inspector, during my term of office, and for his unfailing reliability in the exercise of his duties, which far exceed those imposed by statutory obligations and I have greatly valued his friendship and frankness over the years. As the Medical Officer of Health of a County District one must of course keep in close touch with and supply a considerable amount of statistical information to the County Medical Officer of Health: and I would accord my thanks to Dr. S. C. Gawne personally, to his Deputy, Dr. T. P. Sewell, and to the Section Heads of the County Health Department at Preston for their ready advice and assistance during my term of office.

I have the Honour to be,

Mr. Chairman, Madam and Gentlemen,

Yours obediently,

A. C. CRAWFORD,

Medical Officer of Health.

1. ENVIRONMENTAL CONDITIONS AND GENERAL INFORMATION

The major portion of the district is truly urban in character, with a relatively small acreage of rural character. It is built up with dwelling houses, with Shops, Offices, Workshops, Factories, Churches, Mission Halls, Clubs, Hotels, and all the usual ancillary buildings which serve a civilised community. The main industries are Light and Heavy Engineering, including rolling-stock maintenance and repair, Sugar Refining, Printing and Stationery manufacture, and Raincoat manufacture. As would be expected from the urban character of the district, agriculture plays only a very minor role in its activities.

2. STATISTICS—GENERAL

Area in acres: 3103.

Population: (Census, 1951)	....	....	....	....	21,862
(Census 1961)	....	....	....	....	21,761
(Estimated mid-1960)	....	....	....	....	22,050
Inhabited Houses: Rate Books (end 1960)....	....	....	....	....	7,058
Rateable Value	....	....	....	....	£187,532
Sum represented by a penny rate	....	....	....	....	£753
Births assignable to District	....	....	....	....	354
Deaths assignable to District	....	....	....	....	240
"Natural Increase"	....	....	....	....	114

3. VITAL STATISTICS

Births:

Live Births	354	Legitimate	341	Illegitimate	13
		Male	178	Male	5
		Female	13	Female	8

Live Birth Rate "Crude"—16.1. "Adjusted"—15.7.

Still Births 10 Male 3 Female 7

Still Birth Rate 27.5 per 1,000 total Live and Still Births.

Deaths:

General: 240 Male 127 Female 113

Death Rates "Crude"—10.9 "Adjusted"—12.5

The "adjusted" death rate is the "crude" death rate after adjustment by a "comparability factor" supplied by the Registrar General.

Infant Deaths (Deaths of Infants under 1 year of age)

Total 11 Male 6 Female 5

Infant Mortality Rate of Legitimate Infants.... 32.2

Infant Mortality Rate of Illegitimate Infants nil

Total Infant Mortality Rate 31.1 per 1,000 live births.

Neo-Natal Mortality

Deaths of infants under 4 weeks of age 8

Mortality rate per 1,000 live births 22.6

Early Neo-natal mortality rate per 1,000 live births 16.9

Peri-natal mortality rate per 1,000 total births 44.0

Maternal Deaths Nil

Maternal Mortality Rate Nil

COMPARATIVE STATISTICAL TABLES

Year	Live Births		Deaths (All causes)		Stillbirths		Maternal Mortality		Infant Mortality			
									Total		Neo-natal	
	No. regst.	Rate per 1000 popn.	No. regst.	Rate per 1000 popn.	No. regst.	Rate per 1000 total births	No. of deaths regst.	Rate per 1000 total births	No of deaths regst.	Rate per 1000 live births	No of deaths regst.	Rate per 1000 live births
1960	354	*16.1	240	*10.9	10	27.5	nil	nil	11	31.1	8	22.6
1959	349	15.9	226	10.3	8	22.4	nil	nil	8	22.9	7	20.1
1958	325	14.7	249	11.3	12	36	nil	nil	13	40	11	34
1957	349	15.9	225	10.3	7	20	nil	nil	9	26	8	23
1956	308	14.1	223	10.2	18	55	1	3.07	10	32	9	29
1955	306	14.0	221	10.1	4	13	nil	nil	9	29	6	20
Avge 5 years 1955 1959	327	14.9	229	10.4	10	25	0.2	0.6	10	29.9	8	25.2

* Adjusted live birth rate (comparability factor 0.98) = 15.7 per 1000.

* Adjusted death rate (comparability factor 1.15) = 12.5 per 1000.

COMPARISON OF BIRTH RATES, DEATH RATES, AND ANALYSIS OF MORBIDITY AND MORTALITY, WITH THOSE FOR ENGLAND AND WALES

	Newton-le-Willows 1959	Newton-le-Willows 1960	England and Wales 1960
	Rate per 1,000 population		
Births—Live	15·6	16·1	17· 1
—Still *	0·36	0·45	0·34
Deaths—			
All causes	10·3	10·9	11·5
Tuberculosis (all forms)	0·090	0·65	0·075
Respiratory	0·090	0·05	0·068
Non respiratory	nil	nil	0·007
Cancer (all forms)	2·00	1·95	2·16
Lungs & Bronchus	0·45	0·59	0·48
Other Cancer	1·54	1·31	1·68
	Rate per 1,000 total births		
Maternal Mortality (total)	nil	nil	0·39
Maternal causes (excluding abortion)	nil	nil	0·31
Due to abortion	nil	nil	0·08
	Rate per 1,000 live births		
Infant Mortality	22·9	31·1	21·7
Neo-natal mortality	20·1	22·6	15·6
	Rate per 1,000 Population		
Notifications—			
Typhoid Fever	nil	nil	0·002
Paratyphoid Fever	nil	nil	0·005
Meningococcal Infection	nil	0·045	0·014
Scarlet Fever	1·772	2·49	0·703
Whooping Cough	1·909	0·226	1·268
Diphtheria	nil	nil	0·001
Erysipelas	0·181	0·136	0·065
Small Pox	nil	nil	0·000
Measles	14·727	12·789	3·482
Ac. Pneumonia	2·045	1·587	0·318
Ac. Poliomyelitis (Paralytic)	nil	nil	0·000
(Non Paralytic)....	nil	nil	0·003
Dysentery	nil	nil	0·946
Food Poisoning	nil	nil	0·169
Tuberculosis—Respiratory	0·318	0·362	0·462
Meninges & C.N.S.	nil	nil	0·004
Other	nil	nil	0·058

* per 1,000 total births.

Deaths. The total number of deaths registered in the District was 152. 8 of these were of non-residents, and have been transferred to the districts in which they usually resided: whilst 96 residents of this area died in other districts.

An analysis of the causes of death is shown below:

Cause of Death	Male	Female	Total
Tuberculosis (Respiratory)	1	—	1
Malignant Neoplasm— Stomach	4	1	5
Lungs, Bronchus	11	2	13
Breast	—	2	2
Uterus	—	2	2
All other sites	9	12	21
Diabetes	—	2	2
Vas. Lesions of Nervous System	16	15	31
Coronary disease, angina	27	16	43
Hypertension with heart disease	1	3	4
Other Heart disease	25	26	51
Other circulatory diseases	—	4	4
Influenza	—	1	1
Pneumonia	1	3	4
Bronchitis	6	1	7
Other respiratory diseases	2	1	3
Ulcer of stomach and duodenum	2	—	2
Nephritis & Nephrosis	1	2	3
Hyperplasia of Prostate	1	—	1
Congenital malformations	2	4	6
Other defined or ill defined diseases	6	8	14
Motor vehicle accidents	3	2	5
All other accidents	5	5	10
Suicide	4	1	5
All causes	127	113	240

4. SANITARY CIRCUMSTANCES OF THE AREA

Water Supplies

The District's water supply continued to be obtained chiefly from the deep wells at the Council's Southworth Road Works, and Makerfield Borehole.

The water is of a high degree of purity and, though very hard is otherwise very satisfactory chemically.

20 bacteriological examinations of the raw water, and 10 of the water going into supply after treatment, were made. All highly satisfactory.

7057 dwelling houses, housing a population of 22,047 persons, are supplied with water from public mains. 1 house with 3 occupants draws supplies from a spring.

All new houses have been connected to the town’s water mains.

Food—Inspection and Supervision of Supplies

(a) Milk Supply

Supervision of the distribution of Milk was continued and the following action was taken in relation to:—

			No. of Samples	No. satis- factory	No. unsatis- factory
(a)	Raw Milk				
	(i) Tuberculosis— biological tests	....	.... 15	 15 (T.B. neg)	 Nil
	(ii) Methylene Blue reduction test	....	.... 36	 28	 8
(b)	“Heat Treated” Milk				
	(i) Phosphatase test	....	.... 33	 33	 Nil
	(ii) Methylene Blue reduction test	....	.... 33	 33	 Nil
	(iii) Turbidity test	....	.... 14	 14	 Nil

(b) Meat and Other Foods

Except for occasional slaughter by pig keepers of their own pigs for home consumption no slaughtering took place within the district.

All premises used for food preparation, butchers, grocers, ice-cream manufacturers and vendors, bakehouses, etc., were kept under observation and inspected regularly.

No case of food poisoning was notified.

(c) Adulteration

The Council is a Food and Drugs Authority and your Public Health Inspectors are sampling Officers.

83 samples were taken and submitted to the Public Analyst, County Offices, Preston.

Rivers and Streams—Pollution of the several main streams running through the district from Ashton, Golborne, Haydock and St. Helens continues to varying degrees.

Drainage and Sewerage—Extensions have been made to all new houses. The connections from this District to the Sankey Valley trunk sewer have now been made.

5. HOUSING

2,425 houses and flats are owned by the Council, of which 1242 have been built in the post-war period.

During the year 60 houses have been erected by the local authority and 113 houses by other bodies or persons.

Closet Accommodation—Every privy and pail in the district has been converted to the water carriage system except for the few which are beyond reach of a sewer, below sewer level, or isolated by streams, railway lines or the canal.

Number of privy middens	....	....	....	....	....	6
Number of closets attached to these middens	....					6
Number of pail closets	....	....	....	....	....	30
Number of chemical closets	....	....	....	....	....	5
Number of houses on water carriage system	....					7017

There are no waste water closets and no dry ashpits in the district.

Public Cleansing—A weekly collection of house refuse and salvage by motor vehicles, and disposal of the former by controlled tipping, are supervised by the Chief Public Health Inspector.

No regular cleansing of cesspools is undertaken.

Scavenging, snow removal, gully emptying etc., are carried out by the Surveyor's Department.

Disposal of house refuse was by controlled tipping at the Swan Road site.

6. PREVENTION OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Hospital Admissions

Hospital facilities for the treatment of cases of infectious diseases are provided at the Infectious Disease Hospital, Warrington, where isolation and treatment were provided for 10 cases 7 of these being of Scarlet Fever, and at Peasley Cross Isolation Hospital where 4 cases of Scarlet Fever were isolated.

Notifiable Diseases	Total cases Notified											
	Age Groups											
	Total cases at all ages	Under 1	1	2	3	4	5	10	15	25 and over	Age un-known	Total deaths
Scarlet Fever	55	—	1	6	8	5	32	3	1	—	—	nil
Measles	282	15	32	39	40	48	104	2	—	—	2	nil
Whooping Cough	5	1	2	1	—	—	—	—	—	1	—	nil
Meningococcal Infection	1	—	—	—	—	1	—	—	—	—	—	nil
		0	5	15	45	65 and over	Age Unknown		Total Deaths			
Acute Pneumonia.....	35	12	4	4	8	7	—		nil			
Erysipelas	3	—	—	—	3	—	—		nil			
Tuberculosis—												
Respiratory ...	8	—	—	2	5	1	—		1			
Other.....	—	—	—	—	—	—	—		nil			

NOTIFIABLE DISEASES—Comparative Table of Incidence

Disease	1960		1955		1956		1957		1958		1959		1955-59 Mean	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Scarlet Fever	55	—	121	—	139	—	64	—	26	—	39	—	78	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	282	—	228	—	395	—	397	—	71	—	324	—	283	—
Whooping Cough	5	—	67	—	102	—	24	—	1	—	42	—	49	—
Enteric Group Fevers	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	2	—	1	—	—	—	0.4	—
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum....	—	—	—	—	—	—	1	—	—	—	—	—	0.2	—
Puerperal Pyrexia	1	—	1	—	1	—	—	—	—	—	—	—	0.4	—
Poliomyelitis	—	—	—	—	1	—	—	—	1	—	—	—	0.4	—
Meningococcal Infection....	1	—	1	—	3	1	—	—	—	—	—	—	0.8	0.2
Acute Encephalitis	—	—	—	—	2	1	—	—	—	—	—	—	0.4	0.2
Infective	—	—	—	—	—	—	—	—	—	—	—	—	0.2	—
Post Infectious	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Primary & Influenzal	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	35	3	21	1	42	2	50	3	42	3	45	2	40	2.2
Erysipelas	3	—	9	—	11	—	7	—	4	—	4	—	7	—
Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Respiratory	8	1	12	4	9	3	21	—	10	2	7	2	12	2.2
Non-respiratory	—	—	4	—	4	—	2	1	2	—	—	—	2.4	0.2
TOTALS	390	4	465	5	709	7	568	4	158	5	461	4	474	5.0

7. FACTORIES ACTS, 1937 and 1948

Part 1 of the Act

(1) Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (3)	Number of		
		Inspections (4)	Written notices (5)	Occupiers prosecuted
(1) Factories in which sections 1, 2, 3, 4, and 6, are to be enforced by Local Authorities.	4	7	—	—
(2) Factories not included in (1) in which section 7 is enforced by the Local Authority	48	34	3	—
(3) Other premises in which section 7 is enforced by the Local Authority (excluding out-workers premises	9	8	—	—
Totals	61	49	3	—

(2) Cases in which Defects were found

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more “cases”).

Particulars (1)	No of cases in which defects were found				Number of cases in which prosecutions were instituted (7)
	Found (3)	remedied (4)	To H.M. Inspector (5)	By H.M. Inspector	
Want of cleanliness (s.1.)	1	1	—	—	—
Inadequate ventilation	1	1	—	—	—
Sanitary conveniences Unsuitable or defective	3	3	—	1	—
Totals	5	5	—	1	—

8. PROVISION OF GENERAL HEALTH AND ANCILLARY SERVICES IN THE DISTRICT

(1) Laboratory Arrangements

Public Health Laboratory Service and County Analyst's Department.

Pathological specimens for bacteriological analysis may be dealt with by the Public Health Laboratory Service at its Monsall Laboratory, Monsall Green, Near Manchester, or alternatively at the Public Health Laboratory, Mount Pleasant, Liverpool. Samples of food and drugs for analysis are submitted to the County Analyst's Department at Preston, whilst as regards water supplies, the arrangements previously in force with Messrs. Melling & Arden, Manchester, have been continued.

(2) Hospital Arrangements

(Liverpool Regional Hospital Board: Warrington & District Hospital Management Committee)

As regards hospitals the District lies within the boundaries of the Liverpool Regional Hospital Board, which administers Newton-le-Willows War Memorial (General) Hospital in Bradlegh Road, Wargrave, with a nominal establishment of 10 beds. The former Isolation Hospital now accommodates an up-to-date and well equipped Out-patient department, including X-ray and physiotherapy facilities: and in addition, a modern specially designed Chest Clinic, under the direction of Dr. Black, Consultant Chest Physician for the Warrington area.

The great majority of persons requiring both general out-patient and in-patient investigation and treatment are dealt with by the Warrington Infirmary and by the General Hospital, Warrington, whilst cases of infectious disease requiring isolation are admitted to the Isolation Hospital, Aikin Street, Warrington.

Expectant mothers requiring to be confined otherwise than in their own homes, whether on medical, obstetrical or social grounds, are normally admitted either to the maternity wards of the General Hospital Warrington (if obstetrical complications are likely) or to the Victoria Park Maternity Home, Latchford, Warrington. But in the event of beds being unavailable at these hospitals, the bookings are then made with Cowley Hill Maternity Hospital, St. Helens, The County Hospital, Whiston, or Billinge Hospital, depending on bed availability.

Child patients requiring attention in Children's Hospitals are admitted to the paediatric wards of the General Hospital, Warrington; the Royal Liverpool Children's Hospital, Myrtle Street, Liverpool, Alder Hey Hospital, Liverpool, and to the Royal Manchester Children's Hospital, Pendlebury, Manchester: and the Royal Albert Edward Infirmary, Wigan: Also to the Leasowe Children's Hospital, Leasowe, Wirral, and the Biddulph Grange Orthopaedic Hospital, Biddulph, Near Congleton, when specialised Orthopaedic care is indicated.

(3) Ambulance Arrangements

Local Health Authority Services (No. 10 Health Division, Lancashire County Council)

Full responsibility for the management and operation of the Ambulance Service rests with the County Council as the Local Health Authority, and the district is fortunately placed in containing a County Ambulance Station, sited in conjunction with the Fire Station in Borron Road, Earlestown (Telephone — Newton-le-Willows 2013), from which three “Stretcher” ambulances, and three general purpose vehicles and one sitting case car, have operated on behalf of all types of cases, i.e. emergency, infectious disease, and general. The actual operations of staff and vehicles are controlled by radio telephone from the radio control centre for the ambulance area, situated at Whiston.

There has been a steady public demand for ambulance transport as is shown by the subjoined summary of cases conveyed from the Urban District. The Earlestown Ambulance Station, of course, also serves other parts of No. 10 Health Division and adjoining divisions.

Summary of Cases Conveyed

Non Urgent Cases	....	8,331
Emergency Cases	....	869
		9,200

(4) Treatment Centres and Clinics

Child Welfare Clinics are held twice weekly at The Gables, Crow Lane West, on Monday and Thursday afternoons; and an Ante Natal Clinic each Wednesday morning.

Attendances at the Welfare sessions have been very satisfactory throughout the year, as is shown by the following figures. In addition to the supervision and advice which are the primary functions of these centres, various proprietary infant and other foods are available at cost price for those eligible in accordance with County policy. Ministry of Health Welfare Foods are also distributed at these, and other sessions.

Child Welfare Centre, “The Gables,” Crow Lane West

Assistant Divisional Medical Officer: Dr. E. T. Smiddy (Thursday afternoon session)

Health Visitors: Miss Heap, Mrs. Burrows, Mrs. Caddick and Mrs. Owen.

<i>No. of sessions during the year</i>	<i>No. of individual children who attended and were born in</i>			<i>No. of attendances by children at ages</i>		
	1960	1959	1958-55	0—	1—	2-4 <i>incl.</i>
100	267	283	209	5,908	846	512
Total		759			7,266	

Ante-Natal Clinic. “The Gables,” Crow Lane West.

Consultant Obstetrician	....	....	....	Mr. Gordon Millington (<i>Alternate Wednesday Mornings</i>)
Medical Officer	....	....	....	Dr. E. T. Smiddy
Health Visitor	....	....	....	Miss I. Heap
No. of individual women attending				164
No. of attendances	....	....	....	506

School Clinic. “The Gables,” Crow Lane West

General

Both general medical and specialist sessions are held at this Clinic, as detailed below:-

Assistant Divisional School Medical Officer — Dr. E. T. Smiddy

School Nurses and Health Visitors in attendance — Mrs. Caddick and Mrs. Burrows.

The Assistant Divisional Medical Officer's Session is held each Friday morning during school term.

The Nurse's re-dressing, etc., session is held each Tuesday morning during school term.

Dental

The School Dental Officer, Mrs. F. N. Williams, ably assisted by the Dental Attendant, Miss Entwistle, has continued the dental inspection of all school children in the district during periodic visits to schools, and afforded both conservative and radical treatment of those requiring it. Expectant and nursing mothers, and children of pre-school age are also eligible for advice and treatment including where necessary the provision of dentures free of charge for the former group.

Ophthalmic

Ophthalmologist — Mr. Barker

School Nurse in attendance — Mrs. Caddick.

Sessions are held weekly, each Monday morning.

The Ophthalmic Surgeon may only be consulted by appointment.

Orthopaedic

Orthopaedic Surgeon—Mr. Almond.

Orthopaedic Nurse—Mrs. Garrett.

The Orthopaedic Surgeon attends one half day session monthly, seeing both new and old cases by appointment: the Nurse attends one whole day weekly, for the purpose of supervising the treatment prescribed, for adjustment of splints, etc., and for the tuition of remedial exercises to improve defects and deformities in posture, stance, feet, etc. She also attends with suitable cases at the St. Helens Baths, to instruct in remedial exercises carried out in the water.

Speech Therapy

Therapist—Miss Leche.

Sessions held each Thursday a.m. and p.m. (By appointment only).

(5) Midwifery Arrangements

The district has been covered by three fully trained whole-time domiciliary midwives, each of whom has a car available for her duties, and has under-gone a course of instruction in gas-air and trilene analgesia. She has available the necessary apparatus to enable a mother to secure at all events very considerable relief from the pains of labour. The trend towards hospital confinement has also continued, and as a result of these factors the number of babies actually born at home has been reduced.

Miss B. Albutt, 21 Frawley Avenue, Newton-le-Willows.

Telephone: Newton-le-Willows 3468.

Mrs. S. E. Butler, 46 Kingsway, Newton-le-Willows.

Telephone: Newton-le-Willows 32101

Miss E. Critchley, 73 Common Road, Newton-le-Willows.

Telephone: Newton-le-Willows 3778. (Resigned July, 1960)

Mrs. F. Stanier, 73 Common Road, Newton-le-Willows.

Telephone: Newton-le-Willows 3778

(6) Health Visiting Arrangements

This work has been carried out by four whole-time and fully trained Health Visitors (whom combined with Health Visiting duties those of School Nurse), and by one part-time Health Visitor: these domiciliary visits, so necessary from the standpoint both of the supervision of the children and the health education of the families, are of course, complementary to the work carried out at the Child Welfare Centre, as described above. The names and addresses of the Health Visitors engaged are:—

Miss I. Heap, Maynard, Belvedere Road, Newton-le-Willows.

Mrs. E. Burrows, 33 Regal Drive, Windle, St. Helens.

Mrs. Caddick, 6 Palin Drive, Great Sankey.

Mrs. M. Parker (Part-time), Higher Astley, Vitriol Square, Newton-le-Willows. (Resigned October, 1960).

Mrs. C. F. Owen, 105 Church Lane, Lowton.

(7) Home Nursing Arrangements.

Home nursing is now undertaken by four whole-time nurses, assisted by a state enrolled Assistant Nurse in suitable cases. The demand for nursing services has continued to grow, and although part-time relief nurses have also assisted from time to time, the staff have been kept very fully occupied throughout the year.

The names, addresses and telephone numbers of the Nurses are:-

Mrs. M.M. Charnley, 3 Park Avenue North, Newton-le-Willows.
Telephone: Newton-le-Willows 2069.

Mrs. O. Falcon, 60 Grosvenor Gardens, Newton-le-Willows.
Telephone: Newton-le-Willows 2419.

Miss D. Johnson, 158 Park Road South, Newton-le-Willows.
Telephone: Newton-le-Willows 3539.

Miss M. Littler, 69 Oak Avenue, Newton-le-Willows.
Telephone: Newton-le-Willows 3521.

Mrs. E. M. Ward, 138 Belvedere Road.

Nursing Equipment—Provision for Loans.

A wide variety of ancillary nursing equipment which may be required in the home—ranging from hospital type beds, wheel-chairs, dunlopillo mattresses and similar large items, down to smaller but none-the-less essential articles such as feeding cups, air rings, bed pans etc., is available on loan on the recommendation of the Nurse having charge of the case, at no cost to the patient except for damage not occasioned by reasonable “wear and tear”. Some of the larger items are available from small central stocks held at the Divisional Health Offices, whilst each nurse holds a small local supply of the less bulky and more frequently required articles.

(8) Home Help Arrangements.

This is a “permissive” service provided by the County Council through No. 10 Divisional Health Committee, and is one which is not necessarily provided free of cost to the public although in the great majority of cases it is so. The aim is to provide domestic help when required by reason of the presence in a household of sickness, mental deficiency, an expectant mother, or to assist in the care of a child or children. The service has continued to expand during the year in question as the public have become more fully aware of the facilities provided, and in certain urgent cases “evening help” and night help have been made available.

The Home Helps engaged are all part-time “helps”; no whole time workers are employed. The Home Help Organiser and Welfare Worker, Miss M. Maclean, is responsible for the immediate day-to-day operation of the scheme and is one of the Divisional Medical Officer’s Staff. Responsibilities for Welfare Services under the National Assistance Act, 1948, have entailed still further expansion of this service.

During the current year the number of cases helped in the Urban District was 316, of which 271 were persons aged 65 or more. This help was provided by 82 Home-helps, all part-time workers, the majority of whom were employed from 20-30 hours per week.

(9) Mental Health

In this field undoubtedly the most outstanding event of the year has been the implementation of the Mental Health Act, 1959, which is now fully operative, and effects many radical changes in the manner of dealing with those suffering from mental disorders of all kinds, whether congenital or acquired, and which repeals the Lunacy Act of 1890, the Mental Deficiency Acts, 1913 to 1938, and the Mental Treatment Act of 1930. Arising largely as the result of certain cases which shocked the public's conscience, its full benefit can be expected only after a considerable interval of time, as the gradual process of re-education and re-orientation of ideas on the whole problem reaches fruition, and the necessary building programmes for residential and training hostels, both for juveniles and adults, can be framed, financed, completed and staffed.

Meanwhile the Junior Training Centre off Mill Lane, opened early in 1958, has continued to provide suitable vocational and recreational training for some forty-seven handicapped persons, both children and adults.

Mental Health Arrangements.

The Urban District is covered for this purpose by three Mental Welfare Officers of No. 10 Health Division, one a lady, who deal with all the aspects of mental health, including cases in which investigation, supervision and appropriate action is required under the Mental Health Act, 1959.

These officers are:-

Mr. F. Griffin, Division Health Office,
The Old Rectory, Winwick.
Telephone: Warrington 33144.

Mr. H. Andrew,

Miss D. Bexson, „

Any request for the services of a Mental Welfare Officer outside of normal office hours should be made through the Ambulance Station—Newton-le-Willows 2013, which will contact the duty officer on call.

(10) Arrangements for the Prevention of Illness, Care and after Care, (including Tuberculosis), and the provision of Convalescent Accommodation.

Responsibility for such arrangements rest with the Local Health Authority partly on an obligatory and partly on a permissive basis: "illness" includes mental subnormality. The scope of such arrangements is very wide and includes all the methods of health education and propaganda relating to health matters, health visiting in the homes, including those of persons suffering from Tuberculosis, the provision of ancillary nursing equipment, the after-care of patients who have suffered from illness either at home or in hospital, and the provision of convalescent accommodation and rehabilitation where this is required, to enable those recently sick to regain full health and strength.

The current year has also seen the approval by the Minister of Health of a chiropody service, now available under section 28 of the National Health Service Act, 1946, to the aged, the handicapped and to expectant mothers. Where necessary, this treatment may be provided in the home, if the need is certified by a Doctor, nurse or midwife.

The Tuberculosis Health Visitor for the District is Miss Monks, who maintains supervision of patients in their homes, and arranges for their examination or re-examination, and for that of contacts (including X-ray investigation) at the Chest Clinic at Bradlegh Road Hospital, administered by the Liverpool Regional Hospital Board, and attended by Dr. Black, the Consultant Chest Physician, Warrington area, and the Assistant Chest Physician, Dr. White.

As regards Health Education—(a very important and essential factor in the prevention of illness—it is pertinent here to emphasize that although some responsibility for this section of preventive medicine may be accepted (as has been the case) by the local health Authority, the permissive power of this Council as a Local Sanitary Authority to carry out measures of health education under Section 179 of the Public Health Act, 1936, is still extant and should, in my view, continue to be exercised.

(11) Vaccination and Immunisation Arrangements.

Vaccination and Immunisation against Diphtheria, whooping cough and tetanus, are available to all who desire it, either through the family doctor, who carries it out as part of his duties to the patient, or by attendance at the immunisation sessions held at the Child Welfare Centre, The Gables Crow Lane West, where this work is undertaken by the Assistant Divisional Medical Officer.

As regards the immunisation position, there are no grounds for complacency: the position has deteriorated slightly since 1957.

The percentage proportion of the estimated child population under the age of 15 in an immunised state at 31st December 1960 was 67%, the same proportion as for the child population in Health Division 10 as a whole.

In contrast to the above, only 140 persons, of whom 114 were infants under 1 year of age, underwent primary vaccination whilst 30 adults were re-vaccinated. If one deducts from the total of 343 live births belonging to the District in 1959, the 11 infant deaths, this means that out of the 332 survivors, 114 were vaccinated, or approximately 1 in every 3 children born.

During the course of the year the several types of "Antigen" (i.e. inoculation material) continued to be available: in addition to the old established diphtheria toxoids, which protect against diphtheria only, inoculations against whooping cough also, using the "combined" antigen, and additionally against "lock jaw" (tetanus), using the "triple" antigen, were carried out in conformity with the parents' wishes.

The number of children protected by these various means were as follows.

(a) Against Diphtheria (Primary Inoculations) only.

Under 2 years of age	....	....	....	....	....	nil
2-5 years of age	....	....	....	....	....	nil
From 5 to 14 years of age	....	....	....	....	....	48
Over 14 years of age	....	....	....	....	....	10
Total Primary Inoculations	....	....	....	....	....	58

Re-inforcement (Booster) Inoculations

Under 5 years of age	....	....	....	....	....	nil
From 5 to 14 years of age	....	....	....	....	....	1
Over 14 years of age	....	....	....	....	....	1
Total						2

(b) Against Diphtheria and Whooping Cough (Combined antigen)

Primary								nil
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Booster

Under 5 years of age								nil
5-14 years of age								nil
Over 14 years of age								nil
Total	....	....	....	....	....	....	....	nil

(c) Against Diphtheria, Whooping Cough and Tetanus (Triple antigen)

Under 2 years of age	....	....	....	....	....	222
2-5 years of age	....	....	....	....	....	6
From 5 to 14 years of age			....	....	....	3
Over 14 years of age	....	....	....	....	....	1
Total						232
Booster						
Under 5 years of age	....	....	....	....	....	21
From 5-14 years of age			....	....	....	195
Over 14 years of age	....	....	....	....	....	1
Total						217

The grand totals of children protected by primary inoculations against diphtheria during the year are thus 290 (of which 228 were under 5 years of age), against whooping cough 232 (of which 228 were under 5 years of age), and against tetanus 232, (of which 228 were under the age of 5 years).

Poliomyelitis Vaccination.

The programme of "vaccination" against Poliomyelitis, which commenced during 1956, has continued throughout the year with a considerable measure of success, as will be seen from the accompanying analysis.

Details of poliomyelitis vaccinations carried out during the year in Newton-le-Willows are as follows:—

No. of persons who received two injections:-

Under 5 years of age	....	....	....	....	....	....	....	189
From 5 to 14 years of age	....	....	....	....	....	....	....	41
15 to 40 years of age....	....	....	....	....	....	....	....	229
Total								459

No. of Reinforcement Injections given:-

Under 5 years of age	....	....	....	....	....	....	....	311
From 5 to 14 years of age	....	....	....	....	....	....	....	867
15 to 40 years of age	....	....	....	....	....	....	....	1099
Total								2277

(9) The Children Act, 1948.

In the main this Act provides for the care and welfare of children and young persons up to the age of 18 years, who for one reason or another are deprived of normal home life, and it thus has an important bearing on the mental and physical health of such children.

The County Council, which is the Local Authority for the purposes of the Act, exercises its functions through its Children's Committee and the Childrens Officer, who is responsible to the Committee for the efficient administration and day to day operation of the Service, which is carried out on a regional or area basis.

The Newton-le-Willows Urban District lies administratively within the purview of the Area Children's Officer of the Leigh Area, who is assisted by Childrens Visitors, the latter being responsible for all matters relating to "deprived children, e.g. the provision of accommodation, the inspection and report on prospective foster homes, infant life protection, supervision of children to be adopted during the probationary period, the care and conveyance to suitable "places of safety" of children committed by the Courts to the care of the Authority as a "fit person" under the provisions of the Children and Young Persons Act, 1933, and so on.

The Area Children's Officer and her Visitors work in close co-operation with the Divisional Medical Officer and his staff.

The Leigh Area Children's Officer is:-

Miss J. L. Edwards, M.A., 89/91 Railway Road, Leigh.
Telephone: Leigh 1658.

10. CHILDREN AND YOUNG PERSONS ACT, 1933.

NEGLECTED CHILDREN—PROBLEM FAMILIES

Very deep consideration has been given in recent years in an effort to improve the lot of children neglected or ill-treated in their own homes — a problem formerly left almost exclusively to the good offices and unflagging zeal of the National Society for the Prevention of Cruelty to Children—the N.S.P.C.C.. So often, however, is it found that such children come from poor stock, both mentally and physically, from such poor homes, structurally and socially, and that their whole environmental is so complex, that much more team work is required if the desired end is to be achieved: housing conditions, unemployment and financial stringency, marital disharmony, mental and emotional illness, improvidence and general social inadequacy are in various combinations and degrees at the root of parental neglect. Following an advisory memorandum issued jointly by the Home Office, Ministry of Health and Ministry of Education, which suggested the appointment by each Local Health Authority of a Co-ordinating Officer, (whose primary function should be to convene case conferences of all persons and parties having responsibilities in these various fields) the County Council appointed the County Medical Officer of Health as its Co-ordinating Officer: and his responsibility has in turn been delegated to Divisional Medical Officers, within their respective Health Divisions.

11. NATIONAL ASSISTANCE ACT, 1948.

So far as the Urban District is concerned, the Local Authority carrying responsibility for the implementation of Parts 111 and 1V of this Act is the County Council, and the administrative machinery, in this case also, is on the divisional basis. The main provisions of Part 111 relate to accommodation and care for those requiring it, and to welfare services in general for persons handicapped by infirmities such as blindness, deafness, dumbness, crippling physical defects, and other disabilities of a serious and permanent character.

The scheme of the County Council in regard to welfare services utilises very fully the various voluntary agencies already in existence prior to this legislation. It is widely comprehensive of the needs of all aged and handicapped persons, and includes provision for welfare, home and workshop employment, occupation therapy, the disposal of the products of employment, training facilities in arts and crafts, and for placement in holiday homes and hostels. Social Clubs for the aged and the handicapped are also included in this scheme.

The County Councils' policy in regard to aged persons is to assist them in every way to remain in their own homes as long as possible: thereafter, to provide supervision and help in specially designed old persons bungalows, where the Housing Authority are willing to accept this scheme: and only finally to admit them to hostel care, or to other welfare accommodation. As a first step, the formation in every County District of a District Old Peoples' Welfare Committee, representative of all corporation bodies, both statutory and voluntary, concerned with the welfare of old people, is strongly advocated.

In this connection it is indeed gratifying to be able to record the Councils co-operation with the Local Health Authority and Welfare Authority in providing old peoples bungalows on the Fairbrothers Farm estate. These undoubtedly meet a long-standing need, and similar further provision is now envisaged.

The need to provide accommodation for those of the aged no longer able to live an independent existence in their homes, even with the maximum help from the home-nursing, home help and other similar services is met in part, but only in part, by Golborne House, a mixed fifty-place hostel, purpose designed and built in Derby Road, Golborne, which has been full to capacity virtually since its opening in 1956. A second hostel of similar size is clearly required to meet the demands of the Health Division, and the construction of this is scheduled for the 1961-62 building programme, the site chosen being in the Penketh area of Warrington Rural District.

Mr. P. D. Parker, as Divisional Welfare Organiser, assists the Divisional Medical Officer in this newly developing field of socio-medical activity to promote the formation of District Old People's Welfare Committees, and to foster liaison and co-ordination between statutory and voluntary bodies concerned with the care of the aged and the handicapped.

Section 47 of the Act places on the Local County District Council responsibility for making applications to a Court of Summary Jurisdiction for an Order to secure the removal to a suitable hospital or other institution of any aged and infirm person who is unable to devote to himself proper care and attention, and is not receiving such from other persons. The application is made following certification by the Medical Officer of Health that such removal is necessary. No action under this Section was required during the current year.

Section 50 of the Act is of importance in that it places on the District Council the duty of arranging for the burial or cremation of the body of any person who has died or been found dead within the district when it appears to the Authority that no suitable arrangements for the disposal of the body have been or are being made otherwise than by the Authority.

URBAN DISTRICT COUNCIL OF NEWTON-LE-WILLOWS

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

FOR THE YEAR 1960

LADY AND GENTLEMEN,

I have the honour to submit my Annual Report for the year ending 31st December 1960, a special year to me in that it marked the completion of twenty-five years of service as your Chief Public Health Inspector.

The work of this particular branch of the environmental health services has changed both in its nature and its extent during the years from 1936, due not only to the extended scope of new legislation but to the progressive outlook of the Council, the members of which have always pursued both old and new responsibilities with vigour. One outstanding example of this was the action taken under the Housing Act of 1936 to meet the first, and still operative, statutory standard of overcrowding of houses. As a result of this overcrowding of dwellings was abated by the end of 1939, and the Council was in a better position than most local authorities to meet the post-war demands of new cases, all of which were due to the inability of married sons or daughters to obtain homes of their own. There has been no known case of overcrowding over the past 2 years and we are now ready to apply a more realistic standard based on bedroom accommodation.

Whilst this report is concerned with 1960 it might be advantageous to mention some of the conditions appertaining in 1935 and by comparing them with those revealed in the pages of this report changes which have been almost imperceptible when reviewed over a period of one year assume significance when assessed over a longer period

In 1935 28% of all occupied houses were served by pail, privy, or waste water closets, and nearly 34% had refuse accommodation consisting of ashpits. Refuse collection was 41.5% by horse transport, in daytime for dry refuse and at night for wet. Disposal of refuse was 62% by crude tipping, 20.6% by controlled tipping and 17.4% by disposal to farmers and horticulturalists. There were 14 back to back houses. No Clearance, Demolition, nor Closing Orders were made. Over 35% of the 277 nuisances discovered were in connection with pail or privy closets and ashpits. Cases of Diphtheria numbered 43. Infectious cases were isolated in the Council's Isolation Hospital, Bradlegh Road, being carried there in a cab kept for this sole purpose and drawn by a horse hired from a local undertaker. 2.7% of all houses were overcrowded, the stated cause being "inability to pay the rents of available houses" (The inclusive rents of Council houses varied from 2 bedroomed at 5/8d. per week to 4 bedroomed parlour type at 16/-d.). Difficulty in action under the Public Health Act or under the Housing Act was mainly that of obtaining repair of damage by mining subsidence, the cost of which fell on owners of property except in extremely rare cases. The

County Council was the Food and Drugs Authority and the authority for administration of the Rat and Mice (Destruction) Act. The West End Sewage Works was stated to be overloaded although pollution of streams "has not been serious during 1935."

Recognition of the extension of demands on the personnel of the Department was given when it was decided in the middle of the year that the appointment of a second addition inspector was necessary. Mr. Brian A. Taylor took up the appointment and by the end of the year had become a useful addition to the staff.

Mr. Malcolm Tickle resigned his post as Pupil Public Health Inspector in November consequent to the removal of his family from the District.

1. GENERAL SANITATION

(a) Water Supply

The Council has its own water undertaking under the Water Engineer and the water supply is derived from deep wells at Southworth Road and the Makerfield Pumping Station. All water going into supply was chlorinated. Extensions of the water mains were made to all new housing sites.

Samples of the raw water were taken at regular intervals for bacteriological examination from the two Works, as were samples of the chlorinated water from consumers' taps. All the samples were reported to be highly satisfactory.

(b) Drainage and Sewerage.

By the middle of the year all connections to the Sankey Valley sewer were complete and both the Central and West End sewage works ceased to function. All sewage is now conveyed by sewer and trunk sewer to Warrington for disposal.

New sewers were laid to enable development of the Council's Bradlegh Road site and to the various private estate developments. In all 173 new houses and 43 existing houses were connected to the sewerage system during the year.

(c) Sanitary Accommodation.

6 farms are served by privies and 30 houses by pail closets. All of these are outside the reach of sewers, but it is expected that the number of pail closets will be reduced in the near future as a consequence of demolition orders made on the houses.

(d) Refuse Collection and Disposal.

A major re-organisation of the Refuse Collection Service was successfully carried out following delivery of the Dennis Shefflex 12/14 cubic yard vehicle referred to last year. This is the first increase in the fleet of active refuse collection vehicles since horse transport was dispensed with in 1938.

Some difficulties arose through the increased number of requests for removal of refuse other than house or trade refuse. This was largely due to the removal of old persons to bungalows which could not accommodate furniture of the size common 40 years or more ago, nor the quantity necessary to furnish a family house.

(e) Inspections during 1959

Premises visited:—

No. of premises visited	....	....	....	....	....	....	....	2935
No. of visits	....	....	....	....	....	....	....	4627

Defects or nuisances:—

No. discovered	....	....	....	....	....	....	....	541
No. abated	....	....	....	....	....	....	....	464

No. of notices served:—

Informal	....	....	....	....	....	....	....	250
Statutory	....	....	....	....	....	....	....	177

(f) Statistical Summary of Inspections Made, Notices Served etc.

(i) Complaints received and investigated:-

Defects and Nuisances	....	....	....	....	....	....	....	186
Rats and Mice	....	....	....	....	....	....	....	133

(ii) Analysis of Visits Made by Inspectors.

(a) General Sanitation.

Water Supply	....	....	....	....	....	....	....	125
Drainage	....	....	....	....	....	....	....	245
Fried Fish Shops	....	....	....	....	....	....	....	10
Tents, Vans, Sheds	....	....	....	....	....	....	....	2
Factories	....	....	....	....	....	....	....	41
Workplaces	....	....	....	....	....	....	....	8
Bakehouses	....	....	....	....	....	....	....	13
Refuse Collection & Disposal	....	....	....	....	....	....	....	120
Shops	....	....	....	....	....	....	....	59
Rats and Mice	....	....	....	....	....	....	....	86
Atmospheric Pollution	....	....	....	....	....	....	....	83
Schools	....	....	....	....	....	....	....	3
Miscellaneous	....	....	....	....	....	....	....	79
Total	....	....	....	....	....	....	....	874

(iii) **Housing.**

Under Public Health Acts.

No. of houses inspected 428

Visits to above 1215

Under Housing Acts.

No. of houses inspected 120

Visits paid to above 298

Verminous Premises.

No. of houses inspected 7

Visits paid to above 7

Rent Act.

No. of houses inspected 29

Miscellaneous Housing Visits 47

Total 2151

(iv) **Infectious Diseases.**

Inquiries in cases of I.D..... 57

Miscellaneous I.D. visit 7

Total 64

(v) **Meat and Food Inspection and Food Hygiene.**

Inspection of meat: shops and stalls 12

other premises 8

Visits to butchers 34

Fishmongers etc. 2

Grocers 154

Greengrocers and fruiterers 13

Dairies and milk distributors 85

Ice-cream premises 9

Food preparing premises 14

Market Stalls 954

Street vendors and hawkers' carts 34

Restaurants 8

Canteens 7

Clubs 11

Bakeries 11

Licensed Premises 30

Visits in connection with sampling

Milk—bacteriological	....	....	....	....	....	47
Food and Drugs Samples	....	....	....	....	....	35
Water Sampling	....	....	....	....	....	30
Miscellaneous Food Visits	....	....	....	....	....	40
Total	....	....	....	....	....	1538
Total inspections and visits	....	....	....	....	....	4627

(vi) Notices Served and Complied with.

No. of informal notices served	....	....	....	....	250
No. of informal notices complied with	....	....	....	....	155
No. of statutory notices served	....	....	....	....	177
No. of statutory notices complied with	....	....	....	....	135

Legal proceedings were taken in six cases in each of which orders were made by the Court and subsequently effected by the owners of the properties.

(vii) Analysis of Defects noted and remedied.

<i>Type of Defect</i>	<i>Recorded</i>	<i>Remedied</i>
Chimney stacks, pots, flues	13	9
Brickwork and/or pointing	36	26
Doors and frames	19	9
Drain stoppages	59	62
Drainage defective	15	21
Dustbins	27	29
Firegrates	16	14
Floors	14	21
Paving	6	6
Rainwater pipes and gutters	60	43
Roofs	57	55
Water Supply	11	4
Plaster	57	53
Sinks	6	3
Waste Pipes	4	5
Water Pipes	17	10
W.C. Structures	22	21
W.C. basins, cisterns etc.	27	19
Window frames, sashes, cords	53	40
Miscellaneous	15	14
Totals	534	464

(g) **Shops and Offices.**

	<i>No. of inspections</i>
Action taken under provisions of:	
(a) Shops Act 1950 relating to ventilation and temperature of shops and to sanitary conveniences	59
(b) Public Health Act 1936, relating to conditions in Offices	8
No subsequent action was necessary.	

(h) **Atmospheric Pollution.**

Some progress was made in the inspection of dwellings in connection with the first proposed Smoke Control Area but not sufficient to enable the submission of a report.

The first houses on the Council's Bradlegh Estate were nearing completion and this Estate, by resolution of the Council, is to be smoke controlled as a condition of tenancy.

Byelaws made under section 24, Clear Air Act 1956, were confirmed in January, 1960.

No action was necessary with regard to burning spoil banks.

(j) **Vermin Control.**

The number of premises infested by verminous insects remained low, one Council House and five other houses being found to be infested.

All were treated by the department.

No. of houses found to be infested by insect pests:-

(a) Council Houses	1
(b) Other Houses	5
No. of visits to verminous premises	7
No. of verminous premises treated	6

Prevention of Damage by Pests Act, 1949.

	<i>Type of Property</i>		
	<i>Non-Agricultural Dwelling houses</i>	<i>All others</i>	<i>Agricultural</i>
(a) No. of properties in district	7058	460	18
(b) No. of properties inspected	429	45	6
(c) Total inspections carried out (including re-inspections)...	1057	163	10

(d) No. of properties inspected which were found to be infested by:—						
Rats—major	....	....	—	1	—	
minor	....	....	109	12	1	
Mice—major	....	....	—	2	—	
minor	....	....	31	4	—	
(e) No. of infested properties treated						
....	....	....	128	18	1	
(f) Total treatments carried out (incl. re-treatments)						
....			136	18	1	
(g) No. of “Block” control schemes carried out						
....	....		2	—	—	
(h) Other Action						
....						

A test of 10% of the sewer manholes was made in April followed by a treatment of those showing signs of infestation and adjacent manholes.

A new technique of extended pre-baiting of sewer manholes was continued and the results were very satisfactory.

(k) **Factories Act, 1937.**

Routine inspections continued throughout the year and no difficulty was experienced in the administration of Parts 1 and VIII of the Act.

Certificates of means of escape in case of fire were issued in respect of two factories, leaving one still requiring certification.

The total number of certificates issued, excluding re-certification on alteration of premises, was 17.

The Certification of means of escape in case of fire became the responsibility of the County Council by virtue of the Factories Act, 1959, and all records were handed over to the County Fire Service.

2. **HOUSING.**

The programme submitted to the Minister under the 1954 Act was completed during the year and a further programme was drawn up at the request of the Minister. With the elimination of the worst houses in the district; the impossibility of immediate inspection of the remainder to ascertain the number unfit for habitation and the probable cost of their repair; the fact that no more than twenty are known to be so far below the standards of the Housing Act as to be unfit; and the difficulty of predicting action which may be taken by owners to keep houses fit for habitation, the preparation of the further programme was very much a matter of guesswork. Eventually it was decided to submit a programme of 100 houses to be dealt with in the next five years.

Last year it was reported that appeals by an owner against the making of Demolition Orders on two of his houses had been lodged with the County Court, but that the hearing had been adjourned. One appeal was withdrawn later. At the hearing the appellant conducted his own case and the grounds for appeal were (a) that the house was not unfit for habitation and (b) that it was capable of repair at reasonable expense. No offer to carry out works was submitted by the owner either to the Council at the Statutory Meeting or to the Court, and, after hearing the case for the appellant and the Council's evidence regarding existing defects and the probable cost of rendering the house fit for habitation, the appeal was dismissed.

This was the first local appeal against a Demolition or Closing Order, and is an indication that, with the better type of house falling to be dealt with under the new programme, more time may have to be spent both in inspection of houses and estimation of costs.

(a) Inspection of dwelling houses during the year:—	
Total number of houses inspected formally or informally for housing defects (under Public Health or Housing Acts)	546
No. of inspections, formal or informal made for the purpose	1511
No. of dwelling houses existing at end of year which were unfit for human habitation and not capable at reasonable expense of being rendered fit	50
No. of unfit dwelling houses capable of being rendered fit	220
(b) Houses demolished:-	
(i) In Clearance Areas	
Houses unfit for human habitation	25
Persons displaced	36
Families displaced	17
(ii) Under section 17(1) Housing Act, 1957	
Persons displaced	47
Families displaced	16
(c) Unfit houses made Fit and in which Defects were remedied:—	
After informal action by local authority	157
After formal notice	65
(d) Overcrowding:—	
No new case of overcrowding of a dwelling was discovered during the year, and there are no registered cases of overcrowding.	
Revision of the standard of overcrowding, which was expected within a few years of the Housing Act 1936, to a "bedroom" basis, would provide a more satisfactory standard and is overdue.	
(e) Housing Act, 1949, and Housing (Financial Provisions) Act, 1958 — Improvement Grants etc.:—	

<i>Action during year</i>	<i>Private bodies or individuals</i>		<i>Local Authority</i>	
	<i>No. of schemes</i>	<i>No. of dwelling houses or other buildings affected</i>	<i>No. of schemes</i>	<i>No. of dwellings or other buildings affected</i>
(a) Submitted by private individuals to local authority	11	11	—	—
(b) Approved by local authority	11	11	—	—
(c) Submitted by local authority to Ministry	—	—	1	1
(d) Finally approved by Ministry	—	—	1	1
(e) Work completed	8	8	1	1
(f) Additional separate dwellings included in (e) above	—	—	—	—
(f) House Purchase and Housing Act, 1959—Standard Grants:—				
Action during year:-				No. of dwellings affected
(a) Applications submitted to local authority				31
(b) Applications approved by local authority				28
(c) Work completed				20
(g) Movable dwellings and camping sites:—				

One application was received for a licence under section 269 of the Public Health Act, 1936, and the licence was refused. The applicant appealed against the decision and the Court upheld the appeal. An application was made later under the Control of Caravan Sites and Control of Development Act, 1960, in respect of the same site, but consideration was deferred until renewal of Planning Permission became due.

The applicant later withdrew his application having acquired permanent dwelling accommodation.

There is now no licenced site within the district.

3. RENT ACT, 1957.

Although a great deal of time was spent in dealing with applications under this Act the demand was not so great as in former years. There were fewer applications by tenants but more by landlords, indicating that defects were being remedied.

No action was necessary under Regulations 19 and 20 of the Milk and Dairies (General) Regulations 1959.

The number of samples taken in the district for Biological Examination and the Statutory Tests will be found in the report of the Medical Officer of Health.

(b) Meat and Other Foods (excluding adulteration)

There is no public abattoir nor private slaughterhouse in the district and meat and other foods were inspected on request and during routine inspections of food premises, etc.

The following food stocks or consignments were condemned during the year: —

<i>Type of Food</i>	<i>Quantity</i>	<i>Weight</i>
	<i>Condemned Tins</i>	<i>Lbs.</i>
Canned Meat	86	343
Canned Vegetables	34	22
Canned Soup	18	18
Canned Fruit	131	129
Miscellaneous Canned Foods	34	28
Cheese Spread	108 pkts.	21
Miscellaneous jars, packets etc.	163	79
Biscuits and Cake		45
Bacon		8
Total weight. 6 cwt. 0 qtr. 21 lbs.		

(c) No. of food premises, by type of business, in district at end of year

General grocers and provision dealers	88
Greengrocers and fruiterers (including those selling wet fish, game, etc.)	13
Fishmongers (including those selling poultry, game, etc.)....	2
Meat shops (butchers, purveyors of cooked and preserved meats, tripe, etc.)....	20
Bakers and/or Confectioners	10
Fried Fish shops	13
Shops selling mainly sugar confectionery, minerals, ice-cream, etc.	32
Licensed premises, clubs, canteens, restaurants, cafes, snack bars and similar catering establishments....	41
Others	10

(d) No. of food premises, by type, registered under Section 16 of the Food & Drugs Act, 1955, the Lancashire County Council Acts or other local Acts.

<i>Type of business</i>	<i>Legislation under which registration effected</i>	<i>No. registered at 31/12/60</i>	<i>No. of inspections of registered premises during year</i>
Preservation of Food	Food & Drugs Act	8	34
Sale, Manufacture or Storage of Ice Cream	Food & Drugs Act	79	61
Hawkers of food and their premises:—	Lancashire County Council General Powers Act, 1951		
(a) Fish, Fruit and Vegetables		14	33
(b) Preserved Foods		4	7
(c) Confectionery		4	5

(e) Food and Drugs Act, 1955—Sampling during the year:—

Milk—No. of samples taken	....	....	....	....	....	28
No. adulterated	....	....	....	....	....	0
Articles other than Milk—						
No. of samples taken	....	....	....	....	....	55
No. adulterated	....	....	....	....	....	0

Whilst no sample was adulterated, one sample of milk was deficient 8.3% fat; another was slightly low in solids not fat; and a sample of sultanas contained a live grub with insect excreta, eggs, and webbing.

<i>Article</i>	<i>No. Taken</i>
Milk	28
Lard	2
Dripping	1
Butter	2
Beef Suet	1
Sauce	2
Piccalilli	1
Pickled Beetroot	1
Epsom Salts	1
Bicarbonate of Soda	1
Olive Oil	1
Cream of Tartar	1
Glycerine	1
Ground Ginger	1
Linctus (Glycerine, Lemon etc.)	1
Icing Sugar	1
Saccharine	1
Honey	1
Lemon Curd	1
Marmalade	1
Orange Crush	1

Lemon Juice	1
Linseed	1
Pineapple Slices	1
Sultanas	2
Currants	1
Glace Cherries	1
Semolina	1
Sponge Mixture	1
Rice	1
Creamed Rice	1
Ground Almonds	1
Mint Candy	1
Chocolate Caramels	1
Peardrops	1
Butter Beans	1
Tea	2
Evaporated Milk	1
Stewed Steak	1
Meat Pies	4
Pork Pies	2
Steak & Kidney Pies	4
Steak Pies	2

The Urban District Councils Association requested the Council, as a food and drugs authority, to co-operate with the Food Standards Committee by arranging for a representative number of meat pie samples to be taken over a period of six months, and submitting detailed information about them.

The information was required to assist the Food Standards Committee to decide whether statutory regulation was necessary and practicable respecting the composition of meat pies, and what other requirements might be desirable if statutory control were to be recommended.

As will be seen from the above table 12 samples were taken. The results of the analyses were forwarded as requested.

(f) Action under Food & Drugs Act 1955 and Regulations.

Inspection of food premises, stalls, and vehicles continued during the year, and informal action resulted in improvements in food handling, storage etc. at 34 premises as follows:-

Grocers	17
Wet Fish	1
Bakers and Confectioners	4
Restaurants and Cafes	1
Butchers	7
Greengrocers	1
Fried Fish	3

5. ADDITIONAL DUTIES.

(a) Petroleum Acts and Orders

There were 28 licensed storage premises for petroleum spirit of which 20 were for private use and 8 were for the supply of petrol to the public.

1 set of premises was licensed to store carbide of calcium.

Regulations came into force on 1st January 1960 regarding petrol service pumps, associated electrical equipment, limiting devices, and the testing of petrol tanks twenty or more years old.

The tanks, pipes and fittings at two private petroleum stores were tested and a new tank was provided and tested at another. All tests were carried out at weekends to obviate interference with the businesses concerned.

(b) Lethal Chamber

An electrical cabinet for the painless destruction of unwanted dogs and cats was maintained and a charge of one shilling per animal is made except to pensioners.

116 dogs and 39 cats were dealt with and the income amounted to £7-10-0d.

(c) Shops Act, 1950

The Council is the Shops Act authority for the district and the Public Health Inspectors were appointed Inspectors for all the purposes of the Act.

Generally the Act is being observed but suspicion that mixed shops, legitimately open for the sale of exempted articles after general closing hours and on Sundays, might be dealing in non-exempted goods, again necessitated the expenditure of a great deal of time outside normal working hours.

(d) Pet Animals Act, 1951.

Licences were issued in respect of the two pet shops in the district, and the shops were inspected and found to be satisfactory.

(e) Diseases of Animals (Waste Food) Order 1957.

The County Council delegated its functions under this Order to the Council, and inspection of piggeries etc. revealed that no premises within the District needed to be registered.

6. CONCLUSION.

In conclusion to this report it is desired to record appreciation of the co-operation afforded by members of the Council and by fellow officers of other departments which has so greatly contributed to what is felt to be a successful year's work.

I am especially grateful to Dr. Crawford whose experience and advice have helped to solve some of the problems which have arisen; to Mr. Robinson who has acted as a most efficient deputy; and to Mrs. Lightfoot who continued to meet the shorthand, typing and other clerical needs of the department in the same capable manner as in former years.

Yours faithfully,

L. M. BOOTH,

Chief Public Health Inspector.

